



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



CONFIRMATION NO. 2577

Bib Data Sheet

|                             |  |              |                        |                               |
|-----------------------------|--|--------------|------------------------|-------------------------------|
| SERIAL NUMBER<br>10/082,221 | FILING OR 371(c)<br>DATE<br>02/26/2002<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1647 | ATTORNEY DOCKET NO.<br>39-257 |
|-----------------------------|--|--------------|------------------------|-------------------------------|

**APPLICANTS**

Mark W.J. Ferguson, Furness Vale, UNITED KINGDOM;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/011,027 05/01/2000 PAT 6,387,364

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9516287.1 08/09/1995

UNITED KINGDOM PCT/GB96/01930 08/08/1996

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 03/21/2002

|                                 |   |                                    |                        |                    |                         |
|---------------------------------|---|------------------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS<br>DRAWING<br>2 | TOTAL CLAIMS<br>10 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                        |                    |                         |
| Verified and Acknowledged       | Examiner's Signature  | Initials                           |                        |                    |                         |

**ADDRESS**

23117

**TITLE**

Pharmaceutical composition containing IL-10

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>510 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|